

GENERAL OFFICES / PARK DEPT.
269/684-0870 FAX 269/684-1996
DEPARTMENT of PUBLIC WORKS
269/684-5647 FAX 269/684-5979
FIRE DEPARTMENT
SOUTH 269/683-3311
FAX 269/683-1633
NORTH 269/683-9440
NILES TOWNSHIP WEB SITE
www.nilestwpmi.gov

NILES CHARTER TOWNSHIP

320 BELL ROAD, NILES, MICHIGAN 49120



OFFICIAL NILES TOWNSHIP TREE – ASHWOOD BURR OAK

BUILDING DEPARTMENT
269/687-2741 FAX 269/687-2726
CODE ENFORCEMENT
269/684-0870 x 20 FAX 269/684-1996
BC SHERIFF'S DEPARTMENT/NILES TWP
866/630-7679
ASSESSOR
269/684-0870 FAX 269/684-1996

ENROLLMENT FORM FOR ELECTRONIC PAYMENT NILES CHARTER TOWNSHIP UTILITY BILLS

Account Information:

Account Name _____

Service Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Daytime Ph: (____) _____ Acct. No. _____ - _____ - _____

Financial Institution Information:

Bank Name _____ Checking _____ Savings _____

Routing No. _____ Acct. No. _____

To ensure the accuracy of information required for electronic payment, please enclose one of your voided checks (or clear photo copy), indicating the type of account – checking or savings. The check should show the name of your financial institution, the ABA/routing number, and your account number.

Your Signature of Authorization:

I authorize Niles Charter Township to deduct my payment from the checking or savings account indicated above. I understand that I control my payment and if at anytime I decide to discontinue this payment service, I will notify Niles Charter Township. I also understand that a **\$ 2.00 Processing Fee** will be added for each ACH Electronic Payment. Payments can be withdrawn within 5 days of due date.

Furthermore, I understand that Niles Charter Township may discontinue this service at anytime and that penalties apply if the account has insufficient funds on the due date.

Your Signature Is Required

Signature _____ Date _____

Note: Forms must be received by the 15th of the month to be effective for payment of the following month's bill. The Township's utility billing is bi-monthly (every other month).